

STATE OF NEVADA

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
BUREAU OF HEALTH CARE QUALITY AND COMPLIANCE
Child Care Licensing Program
3811 W Charleston Blvd #210, Las Vegas, NV 89102
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FINGERPRINT CARD INSTRUCTIONS

Your background check should take place in the jurisdiction where you will be employed. If you change facilities, a valid child care work card issued by one jurisdiction may be valid in another jurisdiction without another background check (please consult with law enforcement where you will be employed or call the Bureau). Child Care Licensing requires a new background check every five years.

The Nevada Department of Public Safety has recently notified Child Care Licensing that incomplete fingerprint cards will be returned without processing. In addition, the cards **cannot** be processed if they have been altered in any manner, including "highlighting."

One fingerprint card and a \$38.25 money order made payable to **Nevada Department of Public Safety** must be submitted for each person. Most law enforcement agencies have an additional fee to roll the fingerprints; you will need to contact them directly for additional fee information. Please take completed Consent and Release form with you when having your fingerprints rolled/scanned so law enforcement can sign appropriately.

One fingerprint card will be sent to the FBI for processing, which takes 8-12 weeks. The other card will remain at the Nevada Criminal History Repository where a Nevada background check is completed. The results of the Nevada check are received in 2-4 weeks. In addition, Child Care Licensing completes a CANS (Child Abuse and Neglect system) check on each employee within 3 days of receipt of the Consent and Release form.

You are responsible for returning all 3 pages of the "Consent and Release Form for Fingerprinting and Criminal History Review" to Child Care Licensing. This form allows us to receive investigation results and provides us with the name of the facility for which the person is employed or where the person has applied.

A clearance memo will be sent to the facility upon completion of the background clearance process. **The clearance memo must be kept in the employee's file as verification of background clearance status.** Employees should not be left alone with children until the clearance memo has been received.

Please see the SAMPLE fingerprint card on the next page. **Do not fill in the SAMPLE. Enter information on your own fingerprint cards as indicated for items 1-22. Complete all requested fields or the cards will be returned to you for completion, causing further delay.** All fingerprint cards must be typed or printed in black ink. The Nevada Department of Public Safety, Criminal History Repository, will not process fingerprint cards without the following information:

1. **NAME:** Print or type your name, last name first, in the space at the top center of the form.
2. **SIGNATURE OF PERSON FINGERPRINTED:** **Your signature must be completed in the presence of the law enforcement agency.**
3. **RESIDENCE OF PERSON FINGERPRINTED:** Print or type your street address and mailing address, if different, including the city, state, and zip code.

1. **DATE:** Do not fill in the date. The person taking your prints will date the card.
2. **SIGNATURE OF OFFICIAL TAKING FINGERPRINTS:** The person taking your prints will sign the card.
3. **EMPLOYER (FACILITY) AND ADDRESS**
4. **REASON FINGERPRINTED:** NRS 432A.175
5. **ALIASES (AKA)**
6. **CITIZENSHIP (CTZ):** Print or type the name of the country of which you are a citizen.
7. **YOUR NO. (OCA):**
 - CCCC-NEW or CCCC-(facility number) (Carson City Child Care)
 - ELCC-NEW or ELCC-(facility number) (Elko Child Care)
 - LVCC-NEW or LVCC-(facility number) (Las Vegas Child Care)
 - LVOYP-NEW or LVOPY-(facility number) (Las Vegas Outdoor Youth Program)
8. **FBI NO. (FBI):** Leave this space blank.
9. **ARMED FORCES NO. (MNU):** Leave this space blank.
10. **SOCIAL SECURITY NO. (SOC)**
11. **MISCELLANEOUS NO. (MNU):** 880140 (agency account number)
12. **SEX:** Enter 'M' for male or 'F' for female.
13. **RACE:** Enter 'A' (Asian); 'B' (Black); 'W' (White); 'I' (Indian); 'U' (Unknown).
14. **HGT:** Enter your height.
15. **WGT:** Enter your weight.
16. **EYES:** Enter your eye color.
17. **HAIR:** Enter your hair color.
18. **DATE OF BIRTH (DOB):** Enter the month, day and year of your birth.
19. **PLACE OF BIRTH (POB):** Enter the state or country where you were born (2-letter abbreviation).

<u>SAMPLE</u> APPL		LEAVE BLANK		(1) TYPE OR PRINT ALL INFORMATION IN BLACK LAST NAME <u>NAME</u> FIRST NAME MIDDLE NAME (1)						<u>FBI</u> LEAVE BLANK									
SIGNATURE OF PERSON FINGERPRINTED (2)				ALIASES <u>AKA</u> (8)		O NV920380Z R HUMAN RESOURCES I CHILD CARE SERV CARSON CITY, NV				DATE OF BIRTH <u>DOB</u> MONTH DAY YEAR (21)									
RESIDENCE OF PERSON FINGERPRINTED (3)				CITIZENSHIP <u>CTZ</u> (9)						SE		<u>RAC</u> E		<u>HGT</u> .		<u>WGT</u> .		<u>EYE</u> S	
DATE (4)		SIGNATURE OF OFFICIAL TAKING FP																	
EMPLOYER AND ADDRESS (6)				YOUR NO. <u>OCA</u> (10)		LEAVE BLANK CLASS _____ REF. _____													
				FBI NO. <u>FBI</u> (11)															
				ARMED FORCES NO. <u>MNU</u> (12)															
				SOCIAL SECURITY NO. <u>SOC</u> (13)															
REASON FINGERPRINTED (7) NRS 432A.175				MISCELLANEOUS NO. <u>MN</u> (14) 880140															